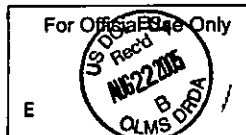


FORM LM-30

LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under PL 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>15467</u>	2 Fiscal Year Covered From <u>1/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>Kenneth R. Faria</u> P O Box Bldg Room No if any _____ Street <u>4780 Chabot Dr Suite 200</u> City <u>Pleasanton</u> State <u>CA</u> ZIP Code + 4 <u>94588</u>	4 Name file number and address of labor organization Name <u>2960 rers DC</u> Labor Organization File Number <u>031-618</u> P O Box Building and Room Number if any _____ Street <u>4780 Chabot Drive</u> City <u>Pleasanton</u> State <u>CA</u> ZIP Code + 4 <u>94588</u>
5 Position in labor organization <u>Business Rep Northern Calif District Council of Laborers</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ _____ _____ 7 b Amount _____ _____ _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Kenneth R Faria

On

8-12-05
Date

925-469-6800
Telephone Number

Name of Person Filing <u>Ken Faria</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>Calif Laborers-Employers Cooperation and Education Trust</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>4780 Chagot Dr Suite 200</u></p> <p>City <u>Phosanton</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94588</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; margin: 5px; text-align: center; font-size: 24px;">Marketing</div> <p>11 b Approximate dollar value of such dealing _____</p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 80px; margin: 5px; text-align: center; font-size: 24px;">4 Dinners I attended</div> <p>12 b Amount \$ <u>136 10</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment _____</p>

Name of Person Filing <u>Ken Faria</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>Mc Morgan CO</u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u>1 Bush St. Suite 800</u></p> <p>City <u>San Francisco</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94104</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>Laborers Trust Fund</u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u>220 Campus Ln</u></p> <p>City <u>Suisun</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94534</u></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11 b Approximate dollar value of such dealing <u></u></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <u>Round Hill Country Club</u> </div> <p>12 b Amount <u>\$200.00</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <u></u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment. <u></u></p>

Name of Person Filing	Ken Faria	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Mc Morgan Co.</u> Trade Name if any P O Box Bldg Room No if any Street <u>1 Bush St Suite 800</u> City <u>San Francisco</u> State <u>CA</u> ZIP Code + 4 <u>94104</u>	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>Laborers Trust Fund</u> Trade Name if any P O Box Bldg Room No if any Street <u>220 Campus Ln.</u> City <u>San Jose</u> State <u>CA</u> ZIP Code + 4 <u>94534</u>	11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received <u>Dinner</u> 12 b Amount <u>\$45.00</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 a Nature of payment 14 b Amount of payment

Name of Person Filing	<u>Ken Faria</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Fox asset</u> Trade Name if any P O Box Bldg Room No if any Street <u>44 Sycamore ave.</u> City <u>Little Silver</u> State <u>New Jersey</u> ZIP Code + 4 <u>07739</u>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received <u>Ronald McDonald</u> <u>Charity Event</u> 12 b Amount <u>\$500.00</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment 14 b Amount of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing <u>Ken Faria</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Fox asset management
Trade Name if any _____
P O Box Bldg Room No if any _____
Street 44 Sycamore Ave
City Little Silver
State New Jersey ZIP Code + 4 07739

9 Business deals with

- ☐ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

11 a Nature of such dealing

Ø

11 b Approximate dollar value of such dealing

0

12 a Nature of interest held or income received

Leukemia charity
Event

12 b Amount

200.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

August 15, 2005



U S Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW Room N-5616
Washington, D C 20210-0001

Re Form LM-30 Filing for Kenneth R. Faria, Labor Organization File No 031-618

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 record as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Kenneth R. Faria

RR# 7005 - 0390 - 0002 - 6404 - 4202